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Behavioral Health EHR

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SOS  
610 N. Silver St  
Silver City, NM 88061  
575-956-6131  
575-956-6947  
Medicaid ID: YIF905154145  
Yazzie, Joshua  
ID: 153 DOB: 7/5/1984  
Treatment Plan (SOS)

Use Note Creation Time  
Clear Time  
Set Date/Time  
7/27/2023  
10:18 AM

TREATMENT PLAN FOR JOSHUA YAZZIE  
A treatment plan was created or reviewed today, 7/27/2023, for Joshua Yazzie.  
Meeting Start: 9:45 AM - Meeting End: 10:30 AM  
This was a 90 Day Treatment Plan.  
  
Participant(s) Developing the Plan:  
Silver Tabor, BHW, CSW (Counselor)  
  
Diagnosis:  
  
PROBLEM / NEEDS:  
Problem / Need # 1: Housing/Living Environment Deficiency  
Problem / Need # 2: Economic Problem  
  
  
**Problem / Need: HOUSING/LIVING ENVIRONMENT DEFICIENCY**  
  
**PROBLEM: Housing/Living Environment Deficiency**  
Joshua's housing/living environment deficiency is an active need that affects his recovery environment and requires intervention. It is primarily manifested by:  
*Homelessness: Details as follows*  
*\*Living in Shelters*  
Joshua needs to comply with shelter regulations and needs to apply for government subsidized housing.

Audit Log

Copy contents of the text only into: clipboard internal message  
Copy complete note into: clipboard internal message  

Print  
Print Preview

Go to WORK Areas

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Edits here will NOT show in PDF on Documents Upload Site.

spell check find  
(Please click in the field and scroll down to see full text of note.)  
Capture Signature #1 Signed By: Joshua Yazzie 7/27/2023 10:19:53 AM  
Capture Signature #2 Signed By: Clinician 7/27/2023 10:20:14 AM  
Capture Signature #3 Signed By:   

Calendar  
Print Invoice  
\$ Account  
Make Referral  
Create Clinical Summa  
Create Discharge Summ  
Go to Therapy Groups  
Change Note Title  
This Note was eSigned 7/27/2023 10:20:17 AM  
Electronically Sign and Lock this Note  
Signed Copies:  
7/27/2023 10:20:17 AM Sil

1 of 1

7/30/23, 6:57 PM